

Master's Incident Report from  
Captain of the Tug *Peggy H*

(3) Pages

E. N. Bisso & Son, Inc. Responsible Carrier Program	MASTER'S INCIDENT REPORT	Form Number: 03-15	
		Approved By: WK	Distribution: A, B
		Effective Date: 01/01/03	Review Date: 04/01/07

This form # 03 -15 is to be used by a Master to report any incident, which occurs during his/her duty cycle, regardless of its severity. A CG-2692 will **not** be used for this purpose. If an incident requires the completion of a CG-2692, a company manager will prepare it, based on information contained in this report. All questions on this form **must** be filled in.

#### Important

- All incidents are to be **immediately** reported to the Dispatcher by telephone.
- This report is to be forwarded to the Operations office not later than 0800 of the day following the incident.
- It is the Master's responsibility to ensure that witness statements and a report of alleged injured persons are obtained and submitted.

Name of Company Vessel: PEGGY H.

#### Type of Incident [mark one]

Injury _____	Collision _____	Grounding _____	Spill _____	Other [specify] <u>Ship Collision</u>
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Date of Incident: FEBRUARY 10-07 Time of Incident: 0740<sup>+</sup> [24-hour clock]

Exact Geographic Location of Incident: MILE 229.3

#### Weather Conditions at Time of Incident:

Daylight/Overcast/Night/Dawn/Dusk Daylight Visibility: 100%  
Precipitation: 0 Temperature: 48 F Wind: 0-5  
Seas: \_\_\_\_\_ Swell: \_\_\_\_\_  
Other: \_\_\_\_\_

Witnesses Names	Position	Address	Phone
<u>SETH MAYHALL</u>	<u>DECKHAND</u>	<u>BIG CANE, LA.</u>	<u>337-308-6598</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Names of Other Vessels in the Area at the Time of Incident:

GLADYS B MARGARET COOPER M/T KITION

#### Description of Incident [attach additional sheets if needed, including drawings to help understand what happened]:

While turning M/T KITION PEGGY H WAS BACKING ON STARBOARD BOW FOR ASTARBOARD TURN OUT OF APEX OIL PORT ALLEN IMMEDIATELY ABOVE I-10 BRIDGE. AS SHIP TURNED AND WAS ALMOST PERPENDICULAR TO CURRENT IT BECAME APPARENT THAT SHIP WOULD HIT CENTER BRIDGE PIER. APPROX. 2 MINUTES BEFORE COLLISION OR IMPACT DECKHAND WAS TOLD TO



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STAND BY TO let go LINE. PEGGY H. WAS TO CLEAR PIER AND  
GUARD AROUND BRIDGE PIER but the ships Bow WAS GOING TO  
(continued on next page)

Description of Incident - continued

hit. GENERAL ALARM WAS SOUNDED, DEKICHAUD WAS Told to let go LINE  
AND Peggy H NOTIFIED VESSELS THAT LINE WAS GOING TO HAVE TO BE  
let go. When Tug stopped BACKING IT BECAME PERPENDICULAR TO SHIPS BOW  
AND WAS IMMEDIATELY FULL AHEAD TO PUT SLACK IN LINE. AS LINE WAS let go  
SHIP'S BOW BEGAN TO CRUSH GUARD AROUND BRIDGE AND A SECTION CAME DOWN  
ON STARBOARD QUARTER BULWARKS. TUG WAS THEN FULL AHEAD AS IT BACKED  
DOWN GUARD RAIL AND DEBRIS CLEARED AND WENT UNDERWATER. TUG  
CLEARED SHIP + NOTIFIED PILOT THAT DAMAGE TO HULL HAD TO BE CHECKED - IF  
ANY - BOAT WAS CHECKED, PILOT NOTIFIED TUG WAS OK. LATER PILOT CALLED FOR  
TUG TO ASSIST TO ANCHOR + PEGGY H COMPLIED.

Are any of the following attached to this report [circle the answer]?

Additional Description Sheets

YES NO

Drawings

YES NO

Were photographs taken?

YES NO

If yes, where are the photographs/film? \_\_\_\_\_

In the 24-hours immediately before the reported incident, how many hours did each of the persons listed below work?

Master 4 hrs.

Relief Master \_\_\_\_\_

Wheelman \_\_\_\_\_

1<sup>st</sup> Engineer off duty

2<sup>nd</sup> Engineer \_\_\_\_\_

Oiler \_\_\_\_\_

1<sup>st</sup> AB \_\_\_\_\_ 2<sup>nd</sup> AB \_\_\_\_\_

1<sup>st</sup> OS/Deckhand off duty

2<sup>nd</sup> OS/Deckhand 10 hrs

**PERSONAL INJURY** [Complete this section ONLY if an alleged personal injury or illness is involved. Complete a separate report for each individual allegedly injured or ill. ALL PARTS OF THIS SECTION MUST BE COMPLETED.]

Alleged Injured Person Name: \_\_\_\_\_ Position: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Describe the alleged injury, in detail: \_\_\_\_\_

Describe the individual's actions leading up to his/her alleged injuries: \_\_\_\_\_



